



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED STATE
MAR 20 2023
BY 82302

1. Entity ID Number 000019898		2. Exact name of the Corporation R.B. Allen Co., Inc.			
3. Principal Office Address 131 Lafayette Road			City North Hampton	State NH	Zip 03862
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Sales and installation of municipal and industrial fire alarms.			
5. State of Incorporation New Hampshire					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Charles L. Allen			Vice-President Name Robert J. Allen		
Street Address 125 Mill Road			Street Address 27 Hobbs Road		
City Hampton	State NH	Zip 03842	City North Hampton	State NH	Zip 02862
Secretary Name Sharon W. Ribitzki			Treasurer Name Charles L. Allen		
Street Address 131 Lafayette Road			Street Address 125 Mill Road		
City North Hampton	State NH	Zip 03862	City Hampton	State NH	Zip 03842
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert J. Allen			Director Name Jonathan D. Allen		
Street Address 27 Hobbs Road			Street Address 124 Kensington Road		
City North Hampton	State NHY	Zip 03862	City Hampton Falls	State NH	Zip 03844
Director Name George W. Allen			Director Name Sharon W. Ribitzki		
Street Address 134 Kensington Road			Street Address 131 Lafayette Road		
City Hampton Falls	State NH	Zip 03844	City North Hampton	State NH	Zip 03862
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		140		common	without par value
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative Charles L. Allen					Date 3/7/23
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov